

09/856211

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS           | ID NO. | DATE    |
|---------------------------|--------------------|--------|---------|
| FEE DETERMINATION         |                    |        |         |
| O.I.P.E. CLASSIFIER       |                    |        |         |
| FORMALITY REVIEW          |                    |        |         |
| RESPONSE FORMALITY REVIEW | <i>[Signature]</i> |        | 6-19-01 |

## INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral) ..... Canceled                      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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